

LOUISIANA BOARD OF ETHICS  
DISCLOSURE STATEMENT PURSUANT TO LSA-R.S. 42:1119B(2)(b)

STATE OF LOUISIANA

PARISH OF CatahoulaI, Susan Bean, residing at PO Box 742 Orreola, La 71373  
(Name) (Mailing Address, including City & Zip Code)

do declare that :

1.

That this disclosure statement is made pursuant to LSA-R.S. 42:1119B(2)(b) for the year beginning on January 1<sup>st</sup>, 2005,  
(Year)

2.

That I am a Chief Executive / Board Member / Commissioner (circle one) of the Catahoula Hospital Dist Hospital Service District / Public Trust Authority  
(Name)  
and have served in this capacity since August 30 1999  
(Month) (Day) (Year)

3.

That my immediate family member, defined by LSA-R.S. 42:1102(13) as his children, the spouses of children, his brothers, his sisters, the spouses of his brothers, the spouses of his sisters, his parents, his spouse, and the parents of his spouse, is employed by the described Hospital Service District / Public Trust Authority. The facts of such employment are as follows:

Name of Immediate Family Member: \_\_\_\_\_

Relation of Immediate Family Member: \_\_\_\_\_

Position: \_\_\_\_\_

Date employed (month, day, year): \_\_\_\_\_

Applicable Exception (check all that apply):

\_\_\_\_ Employed by Hospital Service District / Public Trust Authority for more than one year prior to filer becoming the chief executive or a board member or commissioner of the Hospital Service District / Public Trust Authority

\_\_\_\_ Serving in public employment continuously since April 1, 1980, the effective date of the Code of Governmental Ethics

\_\_\_\_ Hospital Service District / Public Trust Authority has a district population of 100,000 or less and the family member is employed as a licensed physician or registered nurse.

Susan Bean  
Signature, Chief Executive, Hospital Board Member or Commissioner